Suggested Revised Nov., 2004 SBE No. P-1D

STATEMENT OF CANDIDACY

NEW POLITICAL PARTY

NAME	ADDRESS-ZIP CODE	OFFICE	CITY, VILLAGE, TOWNSHIP,COUNTY, DISTRICT OR STATE	PARTY	
STATE OF ILLINOIS)) SS.				
County of)				
I,	be	ing first duly sworr	n (or affirmed), say tha	at I reside at	
			nincorporated Area (circ		
	(if unincorporated, list mur	nicipality that provides	postal service) Zip Code	, in the	
County of	, State of Illinois; that I	am a qualified voter the	erein, that I am a candidate fo	r election to the	
office of	in the	9			
		Name of City, Villag	e, Township, County, Distric	t or State	
to be voted upon at the election	on to be held on	(dat	e of election) and that I am le	gally qualified to	
hold such office and that I hav	ve filed (or I will file before the	close of the petition filir	ng period) a Statement of Eco	nomic Interests	
as required by the Illinois Go	vernmental Ethics Act and I I	nereby request that my	y name be printed upon the	official ballot for	
election to such office.					
			(Signature of Candidate)		
Signed and sworn to (or aff	irmed) by		before me, on (insert month, day, year)		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of C	andidate)	(insert mo	onth, day, year)	
(SEAL)			(Notary Public's Signatur	0)	
(SEAL)			(INULATY FUDILL'S SIGNALUI	<i>□)</i>	